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*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



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July 09, 2019

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**DELEGATE AUTHORITY TO ACCEPT A GRANT AWARD FROM THE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
FOR THE HEALTHY START INITIATIVE TO PROMOTE
HEALTHY PREGNANCY OUTCOMES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Delegate authority to the Los Angeles County, Director of Health Services, or designee to accept a \$5,470,000 grant award from the Health Resources and Services Administration to improve birth outcomes in Los Angeles communities by targeting a reduction in perinatal health disparities affecting women's pregnancies, newborns and families.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of Health Services (Director), or designee, to: (a) accept and execute a \$5,470,000 grant award agreement from the Health Resources and Services Administration (HRSA), anticipated to be effective April 1, 2019 through March 31, 2024, to improve health outcomes for women's pregnancies, newborns and families; (b) implement the requirements of the HRSA Grant Award and accept all other related documents as required by HRSA, through March 31, 2024; and (c) accept and implement any future amendments to the HRSA Grant Award to extend the term of the grant, make workflow or budget line item changes/transfers

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

34 July 9, 2019

CELIA ZAVALA
EXECUTIVE OFFICER

between line items to meet HRSA requirements, complete grant funded projects, accept additional grant funding, and/or to receive grant funding to expand services, for an amount up to \$3,000,000 annually, subject to approval as to form by County Counsel.

2. Delegate authority to the Director, or designee, to: (a) execute agreements with collaborative community partnering agencies identified in the grant application, effective upon execution through March 31, 2024, for an amount up to \$300,000, per each agency, annually for the services supporting the Department of Health Services' (DHS)' efforts to improve perinatal health and birth outcomes, with modifications to, or waivers of the County of Los Angeles' (County's) contracting requirements for insurance, standard indemnification and other standard County contract terms not mandated by County ordinance, with notification to the Board of Supervisors (Board) and Chief Executive Office (CEO); and (b) execute any future agreements or amendments to extend the term of the agreements and increase funding up to \$300,000 per each agency, annually to coincide with the aforementioned extension to the term and increase of funding of the HRSA Grant Award, complete grant funded projects, accept additional grant funding, or to receive grant funding to expand services, with all documents subject to approval as to form by County Counsel.

3. Delegate authority to the Director, or designee, to: (a) execute agreements with new collaborative community partnering agencies not identified at the time of the grant application, effective upon execution through March 31, 2024, for an amount up to \$300,000, per each agency, annually for the services supporting the DHS' efforts to improve perinatal health and birth outcomes, with modifications to, or waivers of the County's contracting requirements for insurance, standard indemnification and other standard County contract terms not mandated by County ordinance, with notification to the Board and CEO; and (b) execute any future agreements or amendments to extend the term of the agreements and increase funding up to \$300,000 per each agency, annually to coincide with the aforementioned extension to the term and increase of funding of the HRSA Grant Award, complete grant funded projects, accept additional grant funding, or to receive grant funding to expand services, with all documents subject to approval as to form by County Counsel.

4. Authorize the Director, or designee, to add nine new interim ordinance positions, as shown on Attachment A, pursuant to Section 6.06.020 of the County Code and subject to allocation by CEO, to rapidly bring aboard the necessary multidisciplinary staff of clinicians and administrative support personnel to successfully implement and meet the HRSA requirements.

5. Delegate authority to Director, or designee, to: (a) execute temporary personnel services agreement(s) via any immediately available contracting vehicle(s) (e.g., streamlined competitive solicitation, master agreement, temporary personnel services agreement, amendment to an existing

agreement, etc.); and (b) extend the term and/or raise the maximum obligation of the said contracting vehicle(s) to enable DHS to rapidly on-board temporary personnel positions to meet the assertive HRSA grant requirements, with all documents subject to approval as to form by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The frequency of preterm births and low birthweight at DHS hospitals is higher than at non-DHS facilities, and DHS patients are a higher risk group than pregnant women delivering at other clinical sites. DHS patients are more likely to be a member of a minority ethnic group, who have had no prenatal care, and live below the poverty line, when compared to non-DHS patients.

DHS and its partnering County departments and community partnering agencies are targeting solutions to ensure holistic treatment of all patients at County hospitals. The HRSA Healthy Start Initiative: Eliminating Disparities in Perinatal Health program supports this endeavor with its Healthy Start (HS) program to improve health outcomes before, during, and after pregnancy, and reduce the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.

Accordingly, DHS applied for, and now is the intended recipient of the HRSA grant, for an amount of \$5,470,000, anticipated to be effective April 1, 2019 through March 31, 2024. HRSA supports a multi-agency collaborative effort between partnering County departments and community partnering agencies, including DHS, Department of Public Health, Department of Mental Health, Perinatal Advisory Council: Leadership, Advocacy and Consultation, LA Best Babies Network, First Five LA, Maternal and Child Health Access, and Bet Tzedek Legal Services (hereafter, the Collaborative) to improve health outcomes from birth through the first 18 months for high-risk communities with infant mortality rates at least 1.5 times the U.S. national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). This HRSA grant enables DHS to provide services that target the reduction of infant mortality and improve the adverse perinatal outcomes to high-risk communities with infant mortality rates at least 1.5 times the U.S. national average including African American and Hispanic communities.

The funding from this grant will be utilized to enhance DHS' existing programs as follows:

DHS' Perinatal Support Programs

DHS has an existing framework for intensive prenatal and postpartum care via the "Strong Start for Families" - Women's Health Programs and Innovation (WHPI) grant, and Maternity Assessment Management Access and Services (MAMA'S) program. WHPI and MAMA'S program aim to reduce racial/ethnic disparities seen in infant mortality and birth outcomes among underserved groups before, during, and after pregnancy up to 18 months. Families are offered and engage in family-centered clinic and home-based intensive case/care management, education and resiliency building through individual and group classes and community systems engagement that address the social determinants of health and high-risk medical issues.

Building on this earlier work, the HRSA funding would enable DHS to expand and enhance its work to address key indicators of infant mortality and their related predictors (i.e., preterm birth, low and very low birthweight, adverse mental health, social concerns, severe mental illness, substance use, violence, low social support and chronic diseases). The Collaborative would utilize the funding to centralize and coordinate specific activities including health insurance continuity, multidisciplinary collaborative care, tailored home/community visits by a Mobile Care Team (MCI) (Public Health

Nurse, licensed Mental Health professional and care coordinator/Community Health Worker) and proactive family engagement and community support network activities that build resilience and self-efficacy during the prenatal, labor and delivery and postpartum/interconception periods.

DHS will ensure continued care for mothers, infants and families after the 18-month window covered by the HRSA grant for chronic disease management, reproductive life planning and birth spacing, mental health, pediatric well-child care, and father/partner primary care, and seamlessly transition families from its program to other Maternal, Infant, and Early Childhood Home Visiting Program Title V programs that promote healthy psychosocial and family strengthening.

Temporary Personnel Requirements

In an effort to improve the life course of mothers and families, implementation of grant requirements include temporary personnel to provide clinical support and education of County patients upon acceptance of HRSA Grant Award. These will be secured through most expeditious and cost-effective options that are immediately available including grant funded County employee positions and/or temporary personnel agreements. These positions will strengthen the existing practices of Provider Education, Clinical Practice Improvement, Doula Support and Expedited Mortality Review, as described below:

Provider Education - MCT members, ambulatory staff and hospital-based providers to assist in early identification of high risk patients. Working within the existing continuing education models of site based collaborative and MCT meetings and monthly trainings, DHS will provide education on identifying and addressing medically and psychiatrically high-risk patients. This education will include safe transfer methods for suicidal, bleeding or severely hypertensive patients from the field to medical facilities. DHS' maternal fetal medicine consultant along with the rest of the clinical leadership team will develop training materials for dissemination.

Clinical Practice Improvement - A maternal fetal medicine consultant and maternal mental health consultant provides ongoing specialty support on a real-time basis for active case management of the medically and psychiatrically highest risk patients. This support includes phone and in-person consultations, as well as, the creation of community partnerships. The partnerships will address medical care in the postpartum and pre-conception period to ensure that women's medical comorbidities receive appropriate attention well beyond the end of pregnancy. Demonstrated strategies will be employed for success to engage women in their intrapartum care including dyad visits coordinated with pediatrics and mobile care team support. These efforts will include the expansion of the MCT to include additional social work, public health nurse and care coordinator support in the geographically wide and diverse communities of the County where current provider coverage is sparse and many high-risk women with complex social lives are unable to engage effectively in care.

Doula Support - DHS' experience with MCT has shown an overwhelming value in supporting patients with health care advocates. American College of Obstetricians and Gynecologists agree. In their 2014 statement, they highlighted that "Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula." A 2017 Cochrane review also demonstrated the value of continuous birth support in reducing the risk of C-section, an event which is known to increase the risk of hemorrhage, a leading cause of maternal death. A doula is a trained professional that provides continuous physical, emotional, and informational support during and after childbirth. Through this continuous support system, doulas positively impact both mothers and babies, as well as help families achieve a healthy and positive birthing experience. DHS intends to expand the existing mobile care team model to include in-kind

doula services for the highest risk County patients with the most evidence of disenfranchisement from the medical community.

Expedited Mortality Review - The value of multi-disciplinary maternal mortality review has been well demonstrated. DHS intends to implement an expedited review process for maternal deaths within 3 months of occurrence in order to respond in real time to the experience of the patients and providers Los Angeles communities.

Recommendations

Approval of the first recommendation will allow DHS to accept a \$5,470,000 grant award anticipated to be effective April 1, 2019 through March 31, 2024, from the HRSA for the provision of improving health outcomes for women's pregnancies, newborns and families and any related documents, as well as any future amendments to those documents, with all documents subject to approval as to form by County Counsel.

Approval of the second and third recommendations will enable DHS to execute agreements with collaborative community partnering agencies identified in the grant application and new community partnering agencies not identified at the time of the grant application; and execute amendments to those agreements to support DHS' goals in meeting HRSA grant requirements, with all documents subject to approval as to form by County Counsel.

Approval of the fourth and fifth recommendation will enable DHS to rapidly bring aboard necessary multidisciplinary staff of clinicians and administrative support personnel to establish the HRSA grant requirements and enable DHS to expand and enhance its work to address key indicators of infant mortality and their related predictors.

Approval of the fifth recommendation enables DHS to: (a) execute temporary personnel services agreement(s) via any immediately available contracting vehicle(s); and (b) extend the term and/or raise the maximum obligation of the said agreement(s) to rapidly on-board temporary personnel positions to meet the HRSA grant requirements, with all documents subject to approval as to form by County Counsel.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2 "Support the Wellness of Our Communities" and Strategy III.3 "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Funding is included in Fiscal Year (FY) DHS' 2019-20 Adopted Budget and will be requested in future fiscal years as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Section 2.4.2, of the County Fiscal Manual, authorizes County departments to accept donations, in excess of \$10,000, with Board approval.

County Counsel has reviewed the HRSA Grant Award as to form. County Counsel will review any other agreements, amendments and/or related documents supporting the HRSA Grant Award and approve as to form, before acceptance.

CONTRACTING PROCESS

DHS submitted the grant application in response to the HRSA grant opportunity. The application identified the Collaborative as the specific partners that will participate in the in implementing DHS' goals to meet grant requirements.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will enable DHS to continue to improve care coordination and access, enhanced case management services for high-risk women, and continuous quality improvement to track processes and outcome measures; thus the HRSA grant funding will support DHS' goals for improved health outcomes for women with high-risk pregnancies in Los Angeles communities.

Respectfully submitted,



Christina R. Ghaly, M.D.
Director

CRG:sd

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

County of Los Angeles - Department of Health Services
Request for Interim Ordinance Authority
Provisional Allocations to Department
FY 2019-20

<u>Desired Classifications</u>	<u>Item No</u>	<u>Sub.</u>	<u>Ordinance Position</u>	<u>Budget Position</u>
Staff Analyst, Health	4593	N	2.0	2.0
Senior Community Liaison Representative	8062	N	3.0	3.0
Assistant Staff Analyst, Health	4595	N	1.0	1.0
Supervising Staff Nurse I	5338	N	1.0	1.0
Clinical Social Work Supervisor I	9014	N	2.0	2.0
Total			<u>9.0</u>	<u>9.0</u>